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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2006 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		Docket Number (Optional) 5486-0119PUS1
Application Number	09/465,879-Conf. #9430	Filed December 16, 1999
For METHOD AND APPARATUS FOR FOSTERING IMMERSIVE READING OF ELECTRONIC DOCUMENTS		
Art Unit 2179	Examiner	M. T. Tran
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application		
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):		
	Fee	Small Entity Fee
<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$450	\$225
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1020	\$510
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1590	\$795
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2160	\$1080
<input type="checkbox"/> Applicant claims small entity status See 37 CFR 1.27 <input type="checkbox"/> A check in the amount of the fee is enclosed <input type="checkbox"/> Payment by credit card Form PTO-2038 is attached <input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>02-2448</u> I have enclosed a duplicate copy of this sheet		
I am the <input type="checkbox"/> applicant/inventor. <input type="checkbox"/> assignee of record of the entire interest See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96). <input checked="" type="checkbox"/> attorney or agent of record Registration Number <u>29,680</u> <input type="checkbox"/> attorney or agent under 37 CFR 1.34 Registration number if acting under 37 CFR 1.34 <u>Michael K. Mutter</u> # 47, 305 Signature <u>Michael K. Mutter</u> Michael K. Mutter <u>for</u> Typed or printed name		
<u>April 11, 2007</u> Date (703) 205-8000 Telephone Number		
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. see below		
<input type="checkbox"/> Total of	1	forms are submitted